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**FROM: Winston Hsu, PATENT AGENT, REG. NO.: 41,526**

**SERIAL NO.: 10/711,538**

**ATTORNEY DOCKET NO.: REAP0144USA**

**SUBJECT: INFORMATION DISCLOSURE STATEMENT**

**TOTAL PAGES: 46 PAGES (INCLUDING COVER PAGE)**

**Winston Hsu 2004/11/18**

**REAP0144USA0\_D1\_1**

PTO/SB/97 (09-04)

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(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Information Disclosure Statement	42 PAGES

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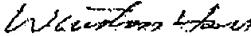
Total Number of Pages in This Submission

44

Application Number	10/711,538
Filing Date	09/24/2004
First Named Inventor	Behzad Razavi
Art Unit	2817
Examiner Name	Mottola, Steven J
Attorney Docket Number	REAP0144USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	NOV 18 2004	Reg. No.	41,526

## CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/17 (10-04)

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete If Known

Application Number	10/711,538
Filing Date	09/24/2004
First Named Inventor	Behzad Razavi
Examiner Name	Mottola, Steven J
Art Unit	2817
Attorney Docket No.	REAP0144USA

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:				
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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395			Utility filing fee	
1002 350	2002 175			Design filing fee	
1003 550	2003 275			Plant filing fee	
1004 790	2004 395			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$ 0.00)</b>			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			-3** =	X	=

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9			Claims in excess of 20
1201 88	2201 44			Independent claims in excess of 3
1203 300	2203 150			Multiple dependent claim, if not paid
1204 88	2204 44			** Reissue independent claims over original patent
1205 18	2205 9			** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$ 0.00)</b>		

\*\* or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	2051	65	Surcharge - late filing fee or oath	
1052 50	2052 25	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	1053	130	Non-English specification	
1812 2,520	1812 2,520	1812	2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	2251	55	Extension for reply within first month	
1252 430	2252 215	2252	215	Extension for reply within second month	
1253 980	2263 490	2263	490	Extension for reply within third month	
1254 1,530	2254 765	2254	765	Extension for reply within fourth month	
1255 2,080	2255 1,040	2255	1,040	Extension for reply within fifth month	
1401 340	2401 170	2401	170	Notice of Appeal	
1402 340	2402 170	2402	170	Filing a brief in support of an appeal	
1403 300	2403 150	2403	150	Request for oral hearing	
1451 1,510	1451 1,510	1451	1,510	Petition to institute a public use proceeding	
1452 110	2452 55	2452	55	Petition to revive - unavoidable	
1453 1,330	2453 665	2453	665	Petition to revive - unintentional	
1501 1,370	2501 685	2501	685	Utility issue fee (or reissue)	
1502 490	2502 245	2502	245	Design issue fee	
1603 660	2503 330	2503	330	Plant issue fee	
1460 130	1460 130	1460	130	Petitions to the Commissioner	
1807 50	1807 50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	1808	180	Submission of Information Disclosure Stmt	
8021 40	8021 40	8021	40	Recording each patent assignment per property (times number of properties)	
1809 700	2809 395	2809	395	Filing a submission after final rejection (37 CFR 1.126(a))	
1810 790	2810 395	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	2801	395	Request for Continued Examination (RCE)	
1802 900	1802 900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3) (\$ 0.00)</b>					

(Complete if applicable)

Name (Print/Type)	Winston Hsu	Registration No. (Attorney/Agent)	41,526	Telephone	302-729-1562
Signature	Winston Hsu			Date	NOV 18 2004

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PTO/SB/088 (08-03)

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<p>Substitute for form 1449/PTO</p> <p><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b></p> <p><i>(Use as many sheets as necessary)</i></p>		<b>Complete if Known</b>	
		Application Number	10/711,538
		Filing Date	09/24/2004
		First Named Inventor	Behzad Razavi
		Art Unit	2817
		Examiner Name	Mottola, Steven J
Sheet	1	of	1
		Attorney Docket Number	
		REAP0144USA	

Examiner Signature		Date Considered	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1. Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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